



## Pendleton County Joint Planning Commission Residential Zoning Permit Application

Owner Name: \_\_\_\_\_

Authorized Agent/Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Business Name (If Contractor or other Authorized Agent): \_\_\_\_\_

### Lot Information:

Present Zoning of Property: \_\_\_\_\_

Address of Proposed Activity: \_\_\_\_\_ PIDN #: \_\_\_\_\_

Setbacks: Front \_\_\_\_\_ Rear \_\_\_\_\_ Side \_\_\_\_\_ If Variance, Date Approved: \_\_\_\_\_

Is project located in floodplain? Yes \_\_\_\_\_ No \_\_\_\_\_

Is project located on original hillside slope of 20% or greater? Yes \_\_\_\_\_ No \_\_\_\_\_

### Project Information:

Proposed Building Activity:

- |   |  |                                |
|---|--|--------------------------------|
| <input type="checkbox"/> Single Family Home   | <input type="checkbox"/> Off –Street Parking/Unloading | <input type="checkbox"/> Fence |
| <input type="checkbox"/> Two- Family          | <input type="checkbox"/> Demolition                    | Type _____                     |
| <input type="checkbox"/> Multi-Family         | <input type="checkbox"/> Accessory Structure           | Height _____                   |
| <input type="checkbox"/> Addition to Building | <input type="checkbox"/> Swimming Pool                 |                                |
| <input type="checkbox"/> Other: _____         |  |                                |

Description of Construction Activity to be performed: \_\_\_\_\_

How much land area is being disturbed by the proposed project? \_\_\_\_\_ acres

Electric Company: \_\_\_\_\_

Sewage: ☐ Public/Package Treatment (Attach certificate) ☐ Septic ☐ Lagoon (Permit #) \_\_\_\_\_

If Using existing sewage system, has Health Department approved for new project? Yes \_\_\_\_\_ No \_\_\_\_\_

Water Service: ☐ Public- Name of Provider \_\_\_\_\_ ☐ Private

**Read & Initial:** Section 6.10 of the Pendleton County Zoning Ordinance states that “No building which has access to public water and/or centralized sanitary sewer system may be constructed in any zone unless such building is connected to public water/ central sanitary sewer system.” By initialing the applicant has read, understands, and will comply with Section 6.10 of the zoning ordinance. **Initials** \_\_\_\_\_

Encroachment Permit required by: \_\_\_\_\_ County \_\_\_\_\_ State

Manufactured Home Manufacturer & Model #: \_\_\_\_\_

Manufactured Home B1 Seal #: \_\_\_\_\_

The mobile or Manufactured home shall be installed by a certified installer (certified under 815 KAR 25:080) in accordance with the state standards set forth in KRS 227.550, et seq., and placed on a permanent foundation.

(Please attach all required site plans, permits, and deed,/plat to the application. )



\*No work shall be started until proper permits have been issued. Fees are non-refundable. All actions taken in connection with this application are based on the representations by the applicant that the submitted information and attachments are correct and accurate. It is the applicant's responsibility to provide proof of the accuracy and correctness of the submitted information and attachments. The applicant is responsible for meeting all requirements of the National Electric Code, Kentucky State Plumbing Code, and/or the Kentucky Building Code, if applicable.

\*This zoning permit is not transferable.

\*Any changes to the zoning permit must be approved by the Planning & Zoning Department.

\*Call the Pendleton County Department of Planning & Zoning after excavation, but prior to foundation installation for setback verification.

Owner/Authorized Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

-----Administrative Use Only-----

Application # \_\_\_\_\_ Date Received: \_\_\_\_\_

Approved \_\_\_\_\_ Approved with Conditions \_\_\_\_\_ Not Approved \_\_\_\_\_

Permit Fee \_\_\_\_\_ Date Fee Paid \_\_\_\_\_

Zoning Permit Number \_\_\_\_\_

Zoning Administrator Signature \_\_\_\_\_

Date Approved: \_\_\_\_\_